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**FROM: Winston Hsu, PATENT AGENT, REG. NO.: 41,526**

**SERIAL NO.: 10/604,408**

**ATTORNEY DOCKET NO.: CMDP0006USA**

**SUBJECT: Response to the Office Action dated 12/02/2004**

**TOTAL PAGES: 7 PAGES (INCLUDING COVER PAGE)**

**Winston Hsu 2005/01/13**

**CMDP0006USA0\_A2\_1**

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	3 PAGES

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/604,408
Filing Date	07/18/2003
First Named Inventor	Chien-Chang Liu
Art Unit	2819
Examiner Name	LE, DON P
Total Number of Pages in This Submission	5
Attorney Docket Number	CMDP0006USA

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	JAN 13 2005	Reg. No.	41,526

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name		Date	

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PTO/SB/17 (12-04)

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**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## **FEE TRANSMITTAL For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

### **Complete if Known**

Application Number	10/604,408
Filing Date	07/18/2003
First Named Inventor	Chien-Chang Liu
Examiner Name	LE, DON P
Art Unit	2819
Attorney Docket No.	CMDP0006USA

### **METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Nonc  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### **2. EXCESS CLAIM FEES**

##### **Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x =

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### **SUBMITTED BY**

Signature	Winston Hsu	Registration No. 41,526 (Attorney/Agent)	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu	Date JAN 13 2005	

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